



Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Application Number	10/650,521
Filing Date	August 28, 2003
First Named Inventor	Edgar Hommann
Art Unit	3761
Examiner Name	Unknown

Sheet	1	of	1	Attorney Docket Number	33332/US
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U.S. PATENT DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US-			
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FOREIGN PATENT DOCUMENTS

*Examiner Initial	Cite No.	FOREIGN PATENT DOCUMENT		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	TRANSLATION	
		Country Code:	Number - Kind Code (if known)				YES	NO
dgw.		DE	33 31 424 A1	03/08/1984			<input type="checkbox"/>	<input type="checkbox"/>
		DE	43 04 544 A1	08/11/1994			<input type="checkbox"/>	<input type="checkbox"/>
		WO	95/09021	04/06/1995	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	98/57688	12/23/1998	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	01/19434 A1	03/22/2001	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	01/78812 A1	10/25/2001	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	01/87386 A1	11/22/2001	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
		WO	01/83008 A1	11/08/2001	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>
dgw.		WO	02/28455 A1	04/11/2002	Novo Nordisk		<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE

Catherine S. Williams

DATE CONSIDERED

2/6/05

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.